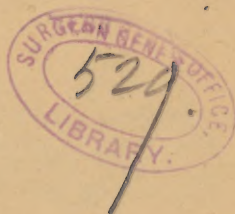


WHITE (J.B.)

*An antiseptic syringe  
for hypodermic injection*

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White (J.B.)

(Reprint from "Medical Record," January 31, 1891.)

## AN ANTISEPTIC SYRINGE FOR HYPODERMIC INJECTION.

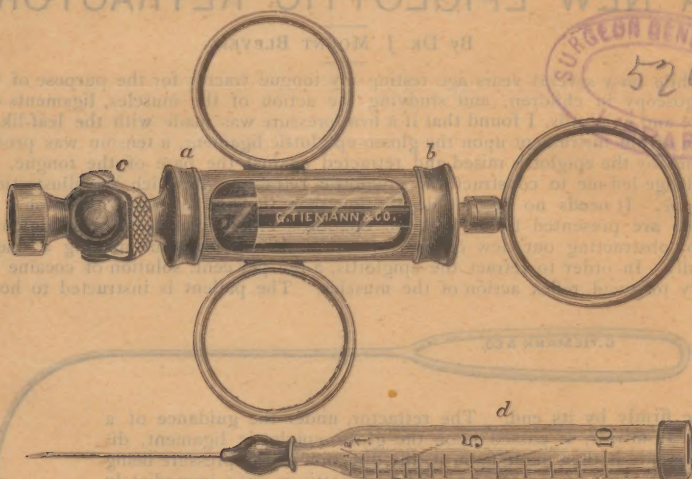
By JOHN BLAKE WHITE, M. D.

Physician to Charity Hospital, &c.

Since the first introduction into practice of hypodermic medication by Dr. Alexander Wood, of Edinburgh, this swift, sure and economic method of obtaining the effects of remedial agents has grown steadily and justly into favor. Though this resort has been so long in use, and the numerous imperfections about the means employed so fully recognized, no attempt has hitherto been made to remedy defects. Meantime the great science of bacteriology has arisen, and in its marvelous advance is making peremptory demand for the institution of safeguards around the direct introduction of agents into the blood by subcutaneous injection.

Everyone abreast with the pathological discoveries of the day, and therefore necessarily interested in antiseptic medication, will doubtless welcome into use the improved hypodermic syringe with antiseptic attachment herewith prefigured.

The important advantages claimed for this over other instruments of its kind must be manifest to everyone at a glance. No elaborate description therefore appears necessary in this act of first bringing it into notice.



The most striking peculiarity about this instrument consists in the fact that, in order to draw up fluid into the syringe for hypodermic use, the act of suction is accomplished in an independent air-chamber attached, *b*. These two chambers or barrels are so precisely adapted in capacity to each other that ordinary use of the piston in the upper or suction barrel, *b*, can never cause surplusage of fluid in the lower barrel or syringe proper, *d*. Thus the important feature of keeping the fluid contents of the syringe free from contact with, and from possible contamination by, the piston is insured.

It will be further noted that the two barrels, *b* and *d*, are distinctly separated by the neat interposition of what may be described as a purifying chamber, *a*, attached to which is a new and convenient form of stop-cock, *c*. Through the antiseptic chamber, *a*, all air concerned in the mechanical working of the syringe is forced to pass a minute



filter, which is kept impregnated with one of the several recognized and effective antiseptics. There is no want of proof that more or less grave consequences are likely to ensue from admission into the system of even the minutest atom of air containing septic micro-organisms. The antiseptic chamber, *a*, is therefore placed between the two barrels to intercept zymotic germs, which are apt to intrude from countless sources, and so prevent their entrance into the circulation through the act of hypodermic injection.

The lower barrel of the syringe, *d*, can be readily detached from the rest of the instrument in order to cleanse it, and this cleansing process after use is of too great importance ever to be omitted.

The original device described above is the one I am in the habit of employing in the frequent introduction of my particular forms of hypodermic and intra-pulmonary injections, and I certainly have every reason to appreciate more and more its manifold advantages.

Sundry conveniences of a novel character about the construction of the case in which the instrument is contained cannot fail to claim approval. I invite attention to them, as they, no less than the very unique instrument, reflect great credit upon the artists who have so faithfully put my designs into execution.

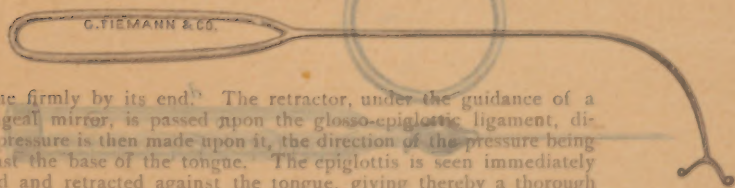
1073 MADISON AVENUE.

(Extract from "The Lancet" (London), January 3, 1891.)

## A NEW EPIGLOTTIC RETRACTOR.

By DR. J. MOUNT BLEYER.

While busy several years ago testing my tongue tractor for the purpose of forced laryngoscopy in children, and studying the action of the muscles, ligaments of the tongue and epiglottis, I found that if a firm pressure was made with the leaf-like projection of this instrument upon the glosso-epiglottic ligament, a tension was produced, and thereby the epiglottis raised and retracted against the base of the tongue. This knowledge led me to construct the epiglottic retractor, of which the illustration is a *facsimile*. It needs no further description than the one of its application. Often patients are presented to us with an epiglottis either misshapen or pendulous, and thereby obstructing our view of the interior of the larynx, thus making a diagnosis difficult. In order to retract the epiglottis, a ten per cent. solution of cocaine is necessary to avoid reflex action of the muscles. The patient is instructed to hold his



tongue firmly by its end. The retractor, under the guidance of a laryngeal mirror, is passed upon the glosso-epiglottic ligament, direct pressure is then made upon it, the direction of the pressure being against the base of the tongue. The epiglottis is seen immediately raised and retracted against the tongue, giving thereby a thorough view of the interior of the larynx. Some practice is necessary, as with all instruments for intra-laryngeal work. This instrument, no doubt, will find its way into the armamentarium of the laryngologist. It is manufactured by the well-known firm of George Tiemann & Co., New York City.

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Manufacturers of Surgical Instruments,

107 PARK ROW, NEW YORK.

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